

AUG 05 2004

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control

# TRADEMAKES TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$65.00

## Complete if Known

Application Number	10/804778
Filing Date	03-19-2004
First Named Inventor	GROSS
Examiner Name	
Art Unit	1623
Attorney Docket No.	14690.011USA

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None Deposit Account:Deposit Account Number Deposit Account Name 

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1001 770	2001 385	Utility filing fee	0.00
1002 340	2002 170	Design filing fee	0.00
1003 530	2003 265	Plant filing fee	0.00
1004 770	2004 385	Reissue filing	0.00
1005 160	2005 80	Provisional filing fee	0.00
SUBTOTAL (1) <input type="text"/> (\$)		\$0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND			
Extra Claims Fee from below Fee Paid			
Total Claims <input type="text"/> -20** = <input type="text"/> 0 X <input type="text"/> 9.00 = <input type="text"/> 0.00			
Independent Claims <input type="text"/> - 3** = <input type="text"/> 0 X <input type="text"/> 43.00 = <input type="text"/> 0.00			
Multiple Dependent <input type="text"/> 0.00 = <input type="text"/> 0.00			
Large Entity <input type="checkbox"/> Small Entity		Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) <input type="text"/> (\$)		\$0.00	
Other fee (specify) _____			

\*\*or number previously paid, if greater; For Reissues, see above

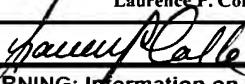
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)  (\$)

\$65.00

## SUBMITTED BY

## Complete (if applicable)

Name	Laurence P. Colton	Registration No. (Attorney/Agent)	33,371	Telephone	770.522.9762
Signature				Date	2 August 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))

Attorney Docket Number		14690.011USA
First Named Inventor		GROSS
<b>COMPLETE IF KNOWN</b>		
Application Number	10/804778	
Filing Date	03/19/2004	
Art Unit	1623	
Examiner Name		

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SPERMICIDAL AND VIRUCIDAL PROPERTIES OF VARIOUS FORMS OF SOPHOROLIPIDS**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on

19 March 2004

as United States Application Number or PCT International

Application Number **10/804778** and was amended on (MM/DD/YYYY)    (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign		Foreign Filing Date	Priority	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number 022870 OR  Correspondence address below

Name **TECHNOPROP COLTON LLC**

Address **PO Box 567685**

City <b>Atlanta</b>	State <b>GA</b>	ZIP <b>31156-7685</b>
Country <b>US</b>	Telephone <b>770.522.9762</b>	Fax <b>770.522.9763</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) **Richard A..**

Family Name  
or Surname **GROSS**

Inventor's  
Signature 

Date **March 30 2004**

Residence: City **Plainview**

State **NY**

Country **NY**

Citizenship **US**

Mailing Address

City

State

ZIP

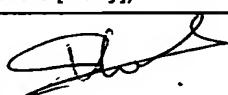
Country

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) **Vishal**

Family Name  
or Surname **SHAH**

Inventor's  
Signature 

Date **April 1 2004**

Residence: City **Queens**

State **NY**

Country **US**

Citizenship **IN**

Mailing Address

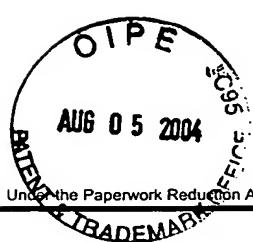
City

State

ZIP

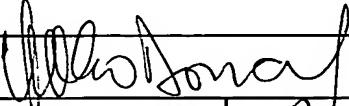
Country

Additional inventors or a legal Representative are being named on **1** supplemental sheet(s) PTO/SB/02A or 02LR are attached



## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental SheetPage 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Gustavo F.		DONCEL		
Inventor's Signature				Date 7/29/04
Residence: City	Norfolk	State VA	Country US	Citizenship US
Mailing Address				
Mailing Address				
City		State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.